Filing Fee \$35.00 for each limited liability company listed LIMITED LIABILITY COMPANY STATE OF MAINE NONCOMMERCIAL REGISTERED AGENT STATEMENT OF Deputy Secretary of State APPOINTMENT or CHANGE (for Maine or Foreign LLC) A True Copy When Attested By Signature Deputy Secretary of State (Name of Maine or Foreign Limited Liability Company) Pursuant to 5 MRSA §§105, 108, & 109 the undersigned limited liability company executes and delivers the following statement of appointment and/or change of name or address by a noncommercial Registered Agent. **FIRST:** ("X" all boxes that apply) A. change of address В. change to/of noncommercial registered agent and address C. change of noncommercial registered agent D. change in name of current noncommercial registered agent **SECOND:** The name and address of the current registered agent appearing on the record in the Secretary of State's office: (name of current registered agent) (physical street address, city, state and zip code) (mailing address if different from above) THIRD: (For foreign limited liability companies only) Jurisdiction of Organization:

Date authorized to transact business in the State of Maine:

FOURTH:	Complete this Item as follows based on your selection in Item First:							
	A. The new address of the noncommercial registered agent (provide address information only);							
	B. The name and address of the new noncommercial registered agent (provide name and address information)							
	С.				(provide name only); OR			
	D.	The new	ew name of the current noncommercial registered agent (provide name only).					
	(name of new noncommercial registered agent or new name of current noncommercial registered agent)							
	(physical street address, not a P.O. Box – city, state and zip code)							
	(mailing address if different from above)							
FIFTH:			SA §§105.2 or 108.3 ed liability company.	, the registered agent as	s listed above has consented to serve as the registere			
SIXTH:	The undersigned noncommercial registered agent of the following limited liability company(s) has notified each limited liability company of the change indicated in Item First A or D:							
	Name	of Limited L	iability Company	Jurisdiction	Date authorized or organized in Maine			
		Names of	f additional limited lia		ed hereto as Exhibit, and made a part hereof.			
Dated			_	*By	(authorized signature)			
					(type or print name and capacity)			
*This statemen		_						
(1) (2)				y the noncommercial regy a person authorized by	gistered agent; OR y the limited liability company			
The execution	of this cer	rtificate cons	titutes an oath or affirm	mation under the penalti	ies of false swearing under 17-A MRSA §453.			
Please remit ye	our payme	ent made pay	able to the Maine Seco	retary of State.				
Submit comple	eted form		Secretary of State Division of Corporat 101 State House Stat	ions, UCC and Commi	issions			

Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101				
Name of Entity (s):				
List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Me of Correction, etc.) Attach additional pages as needed.	rger, Articles of Amendment, Certif			
Special handling request(s): (check all that apply) Hold for pick up Expedited filing - 24 hour service (\$50 additional fili				
Expedited filing - Immediate service (\$100 additional Total filing fee(s) enclosed: \$ Contact Information – questions regarding the above filing(s), p contact name and telephone number or email address will result in the return of the erroned	olease call or email: (failure to pr			
(Name of contact person)	Daytime telephone number)			
(Email address)				
The enclosed filing(s) and fee(s) are submitted for filing. Please return the address:	attested copy to the following			
(Name of attested recipient)				
(Firm or Company)				
(Mailing Address)				
(City, State & Zip)				